CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	M Guide explains how to complete (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST MI	OFFICE USE ONLY		
NAME	Ronaldo H.	Date Received		
	NICKNAME LAST . SUFFIX	21 21		
	"RON" SEGOVIA- ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	, 5007		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
MAILING ADDRESS		Date Hand-delivered or Late Postmarked		
Change of Address	San Antonio, TX 78223	D See o		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	m Jos		
PHONE	(20) 534.0484	Receipt # Amount		
6 CAMPAIGN TREASURER	MS MRS MR FIRST MI	Date Processed		
NAME	NICKNAME LAST SUFFIX	Date Imaged		
	Dutmer			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS (Residence or business)	739 McKinley Ave. San Anton	10 TX 18210		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION			
TREASURER PHONE	(210) 534.0987			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day	Year		
	07/01/04 THROUGH 12/31,	7 04		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	05/07/05 □ Primary □ Runoff ▼	General Special		
12 OFFICE	OFFICE HELD (if any)	n)		
d A NOTICE	OFFICE HELD (If any) City Council Dist. 3			
14 NOTICE OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction 	didate's prior consent or approval. ct campaign expenditure. ••		
EXPENDITURE BY OTHER	Name			
INDIVIDUALS				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
additional pages				
GO TO PAGE 2				

FORM C/OH

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS** COVER SHEET PG 2 16ACCOUNT# (Ethics Commission filers) 15 C/OH NAME H. "Ron" Ronaldo 17 NOTICE · This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures FROM may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 18 CONTRIBUTION 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ **TOTALS** 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** \$ TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOANTOTALS LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. VICTORIA M SAL**AZA**F VIY COMMISSION ENTIR April+04, 2005 signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE prn to and subscribed before me, by the said] day to ortify which, witness my

Printed name of officer administering oath

POLITICAL CONTRIBUTION	ONS
OTHER THAN PLEDGES	OR LOANS

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OTHER THAN PLEDGES OR LOANS					
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:	
2 FILER NAME	Ronaldo H. "Ron" Se	egovia	3 ACCOUNT# (Eth	ics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (IDS:_ knewarger Goggan Blan)i	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
6.9.2004	6 Contributor address; City; State; Zip Code P.O. Pox 17428 AIST N. TX 78760		\$60000		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
6.17.04	Contributor address; City; State; Zip Code		\$20000	RECONTY OF SOLUTIONS JAN	
Principal occur	San Autonio, TX pation/Job title (See Instructions)	[8205 Employer (See Inc	structions)		
				<u> </u>	
Date	Full name of contributor out-of-state PAC (IDS:	mmittee for	Amount of contribution (\$)	In-kiall contribution description (if applicable)	
6.15.04	Contributor address; City; State; Zip Code 1650 West TH-10, Swi San Antonio, TX 7822	te 800	\$		
Principal occur	pation / Job title (See Instructions)	Employer (See Inc	structions)		
Date	Full name of contributor Out-of-state PAC (IDS:_ SA POLICE Officers Ass	SOC. PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
6.17.04	Contributor address; City; State; Zip Code 1939 N.E. Loop 410, #2.	30	\$60000		
	San Antonio, tx	18217			
Principal occuj	pation / Job title (See Instructions)	Employer (See Inc	structions)		
Date	Full name of contributor out-of-state PAC (IDS:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
6.24.04	Contributor address; City; State; Zip Code		\$600°		
Principal occuj	Sau Antonio, TX 7820 pation / Job title (See Instructions)	Employer (See In	structions)	Constitution of the control of the c	
			:		

POLITICAL CO	ONTRIBUTI	ONS
OTHER THAN	PLEDGES	OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Ronaldo H. "Ron" Se	govia_	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.15.04	6 Contributor address; City; State; Zip Code 5315 Vev bena San Antonro , TX 78	240	\$20000	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	9.00
Date	Full name of contributor Out-of-state PAC (IDS:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.6.04	Contributor address; City; State; Zip Code 307 Red Wood 4.	76-00	\$205°°	
Principal occuj	San Antonio, TX. pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID):)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.23.04	Contributor address; City; State; Zip Code 14214 Pheasan+	_	\$40000	
	San Antonio, TX 78:	223		
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	7.00 5
Date	Full name of contributor Out-of-state PAC (ID#:_ OA Hapanic Police Of Contributor address; City; State; Zip Code P. O. Box 830716	Fficers Org	Amount of contribution (\$)	In-kind contribution) description (if applicate)
6.15.04	P.O. Box 830716 San Antono, TX	78283	\$60000	VED FREE P 3
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	t3 lo
Date	Full name of contributor out-of-state PAC (IDIT:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.14.04	Contributor address; City; State; Zip Code 4255 Vilamoura Dr. Rion, OH 44011		\$10000	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	Ronaldo H. "Ron" Segr	ovia_	3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Ted R. Bailey)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.7.04	6 Contributor address; City; State; Zip Code 5245 Miller Rd. Brecks VIIIE, OH 441	4	\$100°°	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	<u> </u>
Date	Full name of contributor Out-of-state PAC (IDS:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.24.04	Contributor address; City; State; Zip Code 1700 Rio Avanda AUSAN, TX 78701		\$6000	t
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	<u></u>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kir@ontribution descriptien (if applicable)
6.9.04	Contributor address; City; State; Zip Code		\$60000	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_ Full by 1 g W & Jawors Ki	Texas Committee	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.25.04	contributor addréss; city; State; Zip Code 1301 McKnney, Swite 5 Hovston, TX 77010	100	4300°	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	GSABA- SABPAC		contribution (\$)	description (if applicable)
4.15.04	Contributor address; City; State; Zip Code 8925 1410 West Con Antonio, TX 782	230	\$250°=	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	stru <i>c</i> tions)	

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	S		
The Iнstruction	N Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	-11 11 "17 " Sacralia		3 ACCOUNT # (Et	hics Commission filers)
For	aldo H. Kon segovia	•		Y
4 Date	aldo H. "Ron" Segovia 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Carl da		contribution (\$)	description (if applicable)
1.8.2004	6 Contributor address; City; State; Zip Code 321 Alamo Plaza Su	v te 200	\$60000	
	San Antonio, TX 7	8105		l
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	etr (stices)	
5 / maparocca	padon, Job Bue (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor out-of-state PAC (IDIF)	Amount of	In-kind contribution
	Jesse Gamez		contribution (\$)	description (if applicable)
6.23.04	Contributor address; 'City; State; 'Zip Code [1] E. Commerce		del = 500	
	III E. Commerce		7600-	!
	Gan Antonio, TX 7821	06		
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
	Loeffler Jonas 9 Tugg Contributor address; City: State; Zip Code 755 E. Mulberry, S	D	contribution (\$)	description (if applicable)
	weller Johns Ingg	ey ut		
6.24.04	Contributor address; City; State; Zip Code	14 200	\$2000	全 当时前
	195 E. Mulberry, S	me 200	4300	- %
	San Antonio, tx 7	8212		3 3 3 3
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kirle contribution
1 0 1	Alamo City Opti	za!	contribution (\$)	description (if applicable)
6.2004	Contributor address; City; State; Zip Code		422000	
	1939 NE LOOP 410,	Swtizoo	\$320°°	
		K217		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (IDS:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 all ALL	•			
6.24.04	Contributor address; City; State; Zip Code	Cu. X 200	du - 10-	
	217 Alamo Plaza,	Ture to	4600	
İ	San Antonio, TX 78:	209	-	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
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Texas Ethics Cor	nmission P.O. Box 12070 Austir	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-8506
ł	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	onaldo H. "Ron" Sego	Via	3 ACCOUNT # (Eti	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDs:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.25.04	6 Contributor address; City: State: Zip Code P.O. POX 5344 Sown Antows, TX 782	\sim 1	\$20000	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	eta (ctione)	
		10 Employer (Decim		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.25.04	James Cafe#2 Contributor address; City; State; Zip Code 1059 OF Military Som Antonio, tx	Dr.	\$100°	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
				2 C
Date	Full name of contributor Out-of-state PAC (ID#:_ J. David Heller		Amount of contribution (\$)	In-kind contribution description (f applicable)
6.7.04	contributor address; city; state; zip code 60 Rydal Wood Lane Moveland Hills, OH		\$100°°	IN P 3
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	Eth :
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.25.04	Contributor address; City; State; Zip Code HO26 Glenvock Dr. Gan Antonro, TX T	8240	\$250°°	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Revert A. Berman		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.1504	Contributor address; City; State; Zip Code		D-200	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR L	OANS

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	IS		
The Instruction	N Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.7.04	1004 Garraty Prod	78209	\$5000	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Quit-of-state PAC (ID#)	 Y	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.24.04	Contributor address; City; State; Zip Code		\$60000	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kissacontribution description (if applicable)
6.25.04	Henry K. Munoz III Contributor address; City; State; Zip Code Too GPM. Tower Nov	- -Ha	\$ 2000	JAN 10
	850 N.W. Loop 410,	San Antoni	PITX 782	16 T 25 N
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	m NO.
Date	Full name of contributor Out-of-state PAC (ID#:	n	Amount of contribution (\$)	In-kind contribution description (if applicable)
6.23.04	Contributor address; City; State; Zip Code	76211	\$40000	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	······································
Date	Full name of contributor Out-of-state PAC (ID#: Carri Baker Wells)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.6.2004	Contributor address; City; State; Zin Code	——————————————————————————————————————	49000	
Principal occup	San Antonio, X ation/Job title (See Instructions)	Employer (See Ins	structions)	***************************************
		Employer (See Int	u dollons)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	N Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME	Konaldo H. "Ron"		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.24.04	6 Contributor address; City; State; Zip Code 16867 Mossford San Knonio, TX	18255	\$5000	
9 Principal occur	pation / Job title (See Instructions)	<u> </u>	<u> </u>	
5 Filiopal occu	pauon / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor put-of-state PAC (IDIT: Md H Drstvi Duth		Amount of contribution (\$)	In-kind contribution description (if applicable)
6.25.04	Contributor address; City; State; Zip Code 1730 DOVE DV.	,	\$3000	
	San Antonio, TX	8223		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-tinit contribution
	SA Five Falter	P.A.C.	contribution (\$)	descri gg on (if applicable)
101101	SA Five fighters Contributor address; City; State; Zip Code	r.A.C.		
6.24.04	8925 West IH 10		4	
	0925 MEST THIO	7	\$600°0	
	San Antonro, TX	18230		n □≥⋒
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	ス芸り
				<u> </u>
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
a a act	Kichard G. Drun	\checkmark	Community (3)	description (if applicable)
7.9.04	Contributor address; City; State; Zip Code	1		
	1503 Blue Crest	ane	\$6000	
	San Antonio, TX	78232	1600	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	And the second second second
	Don Durden		contribution (\$)	In-kind contribution description (if applicable)
7.1.04	Contributor address; City; State; Zip Code		£	
	411 +. M. 412	112	1200	
		13		
Principal occupa	ation / Job title (See Instructions)	Employer (See In	nstructions)	

Texas Ethics Cor	nmission P.O. Box 12070 Austir	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-8500
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		SCHEDULE A
The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Ronaldo H". Ron"	Segovia	3 ACCOUNT # (Eth	nics Commi ss ion filers)
4 Date 8.5.04	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0.000	Buddy Ford 6 Contributor address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 18212		\$600°	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8.6.04	Contributor address; City; State; Zip Gode 1721 GW MIL Tary Dr.	•	\$3200	
	Soun Antonio, TX 18	22		
Principal occuj	pation / Job title (See Instructions)	Employer (See Inc	structions)	20 C
8.5.04	Full name of contributor)	Amount of contribution (\$)	In-fund contribution description (if applicable)
0.9.0-(2161 NW. Melitary 1 San Antonio, TX	twy, Stell	\$50000	A P
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	" \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	,			는 등
Date	Full name of contributor out-of-state PAC (ID#:	bhnson	Amount of contribution (\$)	In-kind contribution description (if applicable)
6 . 4 .04	Contributor address; City; State; Zip Code 13055 N. Hunters G. Sau Antonio, TX	e. 78230	\$30000	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7:1.04	Contributor address; City; State; Zip Code 40 780 N N; 42 nd Av Miam; 77 3312	lenue	\$25000	
Principal occup	pation / Job title (See Instructions)	Employer (See Inc	structions)	

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME	Ronaldo H."Ron"	Segovia	3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDE:_ CONSULTING ENGINE 6 Contributor address; City; State; Zip Code	vs PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8.9.04	6 Contributor address; City; State; Zip Code 1601 Congress Are Aughn, TX 78701	Swite 200	\$100°	1
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_ Rolando Bytones	Úr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.15.04	Contributor address; City; State; Zip Code 8118 PSVOR AWAY, GW	_ ^	\$25000	2005
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	AN TO
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (itabili arble)
7.31.04	Bill Kanfman contributor address; city; state; zip code 200 Ml. HOUSTON, Swith San Aintonio, TX	t 1250 °	\$00°	3: 44
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date		astillos la	Amount of contribution (\$)	In-kind contribution description (if applicable)
7.31.04	Contributor address; City; State; Zip Code 12567 Sowers Code Carner Gut TX	18072	\$600=	 -
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	•			
Principal occup	pation / Job title (See Instructions)	Employer (See Inc	structions)	

Texas	Ethics	Commission

P.O. Box	12070
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Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS					SCHEDULE E
The Instruction Gu	DIDE explains how to complete this form.			1 Total pages Sche	edule E:
2 FILER NAME				3 ACCOUNT # (Eth	hics Commission filers)
4 TOTA	AL OF UNITEMIZED LOANS:	⇔	\$ \$ \$	⇔ ⇔	\$
5 Date of loan	7 Name of lender	Ou	ut-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip (10 Interest rate
Y N					11 Maturity date
12 Principal occupatio	on / Job title (See Instructions)		13 Employer (See Ins	structions)	<u> </u>
14 Description of Collate	eral		1		
15 GUARANTOR INFORMATION	16 Name of guarantor				18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip C	Code		JAN 19
19 Principal Occupation		20	Employer		DRAG
Date of loan	Name of lender	Out	il-of-state PAC (ID#:)	Loan Amount (i)
ls lender a financial Institution?	Lender address; City; State;	Zip C	ode		Interest rate
Y N					Maturity date
Principal occupation	n / Job title (See Instructions)		Employer (See Instruction	ons)	
Description of Collate	eral	.1			
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zíp C	code		
Principal Occupation			Employer		
If lender is	ATTACH ADDITIONAL COP				nuirements

POLITICAL EXF	ENDITURES			SCHEDULE F
The Instruction Guide explains	s how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME Rohal	do H. "Ron"	Segovia	3 ACCOUNT	# (Ethics Commission filers)
4 Date 5 Payee nam	ried Advertisin	<u></u>		7 Amount (\$)
l ' ^	Manco Ed	78212		\$107934
	ctions regarding type of information			o benefit C/OH •• Office sought Office held
Golf Expense	.5			
Date Payee nam	is Trophey			Amount (\$)
6.29.04 Payee addr	is Trophey ess; City; State, Zip Code 5-A HO+Well	5		\$ 100 P
Purpose of payment (See instru-	Antonco To	(822-3) Complete if dir	ect evnenditure t	henest CAH as 37
Golf Trophy		Candidate / Officeholder n		Office sought Of
Date Payee name	d Advertising			Emount (\$)
8.2.04 Payee addr 3100	ess; City; State; Zip Code Plunu Rd.	1500		\$9.42E
Purpose of payment (See instruction required.)	ctions regarding type of information	" Complete if dire		benefit C/OH ••
Golf Exper	ise 5	Candidate / Officeholder n	ame O	flice sought Office held
Date Payee name	12 Valley Gala	ĆD L		Amount (\$)
8.6.04 Payee addres 476	ess; city; state; zip code Pecan Val	ley 7822	2	\$652394
Purpose of payment (See instructed)	tions regarding type of information	Complete if dire Candidate / Officeholder na		benefit C/OH •• fice sought Office held
Golf Tournar	nent Expenses			Since lead
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guipe explains how to complete this form.	1	Fotal pages Schedule F:
2 FILERNAME Ronaldo H. "Ron"	Segovie 3	ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Last Central Pool 7.31.04 6 Payee address; City; State; Zip Code Clo Hlo Printing 73.15 SWW. White 73.15 AND 10.15 TX		7 Amount (\$)
Purpose of payment (See instructions regarding type of information required.) Ad Expuss	9 Complete if direct ex Candidate / Officeholder name	cpenditure to benefit C/OH •• Office sought Office held
8.15.04 Payee address; City; State; Zip Code Gan Antonio, TX	Campaign 78224	4 200 CITY
Purpose of payment (See instructions regarding type of information required.)	⊷ Complete if direct ex Candidate / Officeholder name	office sought Office, help
8.21.04 Payee name tightand Band F Payee address; City: State; Zip Code Say Antonio. TX	Pavent's Assoc	4 100 or
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH Office sought Office held
8-30.04 Payer name Payer name Date Payer name Dipez Caty; State; Zip Code To 15 Quiet Ro Sau Antono, T	mpaign lge Walk L 18250	Amount (\$) \$20060
Purpose of payment (See instructions regarding type of information required.) Campaign Dona I n	•• Complete if direct ex Candidate / Officeholder name	rpenditure to benefit C/OH Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEED	ED

P.O. Box 12070

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME Ronaldo H. "Ron" Sea	3 ACCOUNT # (Ethics Commission filers)
9.20.04 6 Payee address; City; State; Zip Code Clo Jose Av 20 la 3915 SKYLOVK.	7 Amount
8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Payee name 9.2004 Payee address; City; State; Zip Code 236 E. Petz Interpretation, t	
Purpose of payment (See instructions regarding type of information required.) That the second secon	Complete if direct expenditure to benefit C/OH Office held Office sought Office held
9.18.04 Payee name AMUICAN HOUT Payee address; City; State; Zip Code Why 2 back San Antono,	Amount 350 25to 25to X 78229
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
9.19.04 Payee name Gowthside Reporte Payee address; City; State; Zip Code 2203 Stade Serry Gan Pintonio, TX	78210 \$170°
Purpose of payment (See instructions regarding type of information required.) Ad Expense	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME Ronaldo H. "Ron" Segon	3 ACCOUNT # (Ethics Commission filers)
9.30.04 S Payee name RTZ. Horist G Payee address; City: State: Zip Code 142 O Frederick Slowng	7 Amount (\$) \$ 96.95
San Antonio, TX 7822	Complete if direct expenditure to benefit C/OH ••
required)	e / Officeholder name Office sought Office held
11.12.04 Payee address; City; State; Zip Code	18205
Purpose of payment (See instructions regarding type of information	Complete if direct expenditure to benefit OH ··
Donatun	o / Officeholder name Office sought
Payee name Glovia Triana Campai Payee address; City, State; Zip Code Family Tree San Antonio, tx 7	9n - 10E 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Purpose of payment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH ** 2 / Office holder name Office sought Office held
Donatun	
Date Payee name David Martinez 10.23.04 Payee address; City: State; Zip Gode Co Castillos Cetton 12567 Gomerset Rc	Amount (5) \$250 000
	Complete if direct expenditure to benefit C/OH I / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS	FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Ronaldo H. "Ron"	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Advert 10.27.04 6 Payee address; City; State; Zip Code 300 Dance 26. 6 Dan Among, TX	7821Z \$1000°C
Purpose of payment (See instructions regarding type of information required.)	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name Ruben Teleda Co 10.30.04 Payee address; City; State; Zip Code 1313 SW M. Litary Sam Antomo, TX	umpaign Dr. Sute 113 \$10000
Purpose of payment (See instructions regarding type of information required.) Do nature	·· Complete if direct expenditure to benefit EDH ·· Candidate / Office-holder name Office sought
Date Payee name Allied Printing Payee address; City; State; Zip Code 3700 Proadway San Antonio, tx	Co. #mount & # 2 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =
Purpose of payment (See instructions regarding type of information required.) Campana A Pensco	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name A N W S Payee address; City; State; Zip Code	Amount (\$) \$300
Purpose of payment (See instructions regarding type of information required.) X X X X X X X X X X X X X	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruction	N Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	Ronaldo H. "Ron	" Segovia	3 ACCOUNT #	(Ethics Commission filers)
Date Dete	6 Payee address; City; State; Zip Code Shoulan's ment (See instructions regarding type of information	782		7 Amount (\$)
required.)	outin for leader Slip	• Complete if direction of the Candidate / Officeholder r	rect expenditure to	o benefit C/OH •• Mice sought Office held
Date 12. 15.04	Payee address; City; State; Zip Code	gloz		Amount (\$)
Purpose of pay required.)	San Antonio 1 ment (See instructions regarding type of information	- Complete if dir	ect expenditure to	o benefit G /OH office held
Dona	un		****	W STOR
Date 12-22-04	Payee name Segora Cand Payee address; City; State; Zip Code San Antonio, T	† 7 1820	1	FAMOUNT (\$)
Purpose of paying required.)	ment (See instructions regarding type of information What Holiday Culfs.	⊷ Complete if dir Candidate / Officeholder n	ect expenditure to ame O	b benefit C/OH •• flice sought Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	nent (See instructions regarding type of information ATTACH ADDITIONAL COPIES	Complete if din Candidate / Officeholder n Officeholder n	erne O	benefit C/OH flice sought Office held